

WISCONSIN DEPARTMENT OF REVENUE

APPLICATION FOR LIMITED TERM EMPLOYMENT

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION. *(Type or print clearly)*

NOTE: *You must provide a Social Security Number (informational use only) for us to process your application*

Name (Last, First, Middle)		Social Security Number
Street Address	Residence Telephone ()	Secondary Telephone ()
City	State	Zip
E-Mail Address		

JOB INTEREST *(Check all areas you are interested in)*

<input type="checkbox"/> Laborer	<input type="checkbox"/> Audit/Review	<input type="checkbox"/> Data Entry/Verification	<input type="checkbox"/> General Clerical	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Filing
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SHIFT PREFERENCE *(Check shifts you are willing to accept)*

<input type="checkbox"/> Full-time (40 hours per week)	<input type="checkbox"/> Part-time (Less than 40 hours per week)	<input type="checkbox"/> Days	<input type="checkbox"/> Evenings
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SKILLS & EXPERIENCE

10-key Office Calculator: Years _____	Bank Encoding: Years _____
Typing/Keyboarding: Words per minute _____	Data Entry: Keystrokes per hour _____
Accounting: Years _____ Describe any training, education or experience:	
Math: Years _____ Describe any training, education or experience:	
Customer Service: <input type="checkbox"/> Telephone <input type="checkbox"/> Person-to-Person	
Personal Computer Skills: <i>(Include training, experience, and the types of software and programs used)</i>	
Other equipment you can skillfully operate:	

GENERAL INFORMATION:

Are you currently a State of Wisconsin or University of Wisconsin employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where are you employed? _____
Are you a legal resident of Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are in this country temporarily, indicate visa status _____
Do you have any relatives currently employed by the Wisconsin Department of Revenue? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give name and employing Division: _____
How did you learn of this job opportunity? _____

WORK EXPERIENCE – Begin with your most recent employer.

Present or most recent employer	Type of Business	Your Title
Date Employed From	Date Employed To	Supervisor Name and Telephone Number
Your duties:		

Employer	Type of Business	Your Title
Date Employed From	Date Employed To	Supervisor Name and Telephone Number
Your duties:		

Employer	Type of Business	Your Title
Date Employed From	Date Employed To	Supervisor Name and Telephone Number
Your duties:		

May we conduct a personal background check including contact with any employers named on this application and review other records? ☐ Yes ☐ No (*Please explain*)

For research and Affirmative Action/ Equal Employment Opportunity reporting only, please check the appropriate categories:

Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Birthdate _____
Racial/Ethnicity:	<input type="checkbox"/> 1–Black (Not of Hispanic origin)	<input type="checkbox"/> 4–Hispanic	
	<input type="checkbox"/> 2–Asian or Pacific Islander	<input type="checkbox"/> 5–White (Not of Hispanic origin)	
	<input type="checkbox"/> 3–American Indian or Alaskan Native		
DISABILITY STATUS: Wisconsin defines a person with a disability as someone who: 1) has a physical or mental impairment which makes achievement unusually difficult or limits the capacity to work; 2) has a record of such impairment; or 3) is perceived as having such impairment.			
<input type="checkbox"/> Check here if you wish to identify yourself as disabled for affirmative action purposes.			

I certify that the information I provided on this application is true and complete to the best of my knowledge, and that any false, misleading, or missing job-related information may disqualify me from employment.

Date (MM/DD/YYYY)	Signature
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AN EQUAL OPPORTUNITY EMPLOYER FUNCTIONING UNDER AN AFFIRMATIVE ACTION PLAN

Return completed application to:

**Wisconsin Department of Revenue
Human Resource Office
2135 Rimrock Rd, 6-261
P.O. Box 8931
Madison, WI 53708-8931**